United States Army Graduate Program In Anesthesia Nursing

Phase II

DACH Fort Hood, TX

Handbook for Adjunct Faculty and Rotation Sites

January 2005

Adjunct Faculty,

The purpose of this handbook is to provide you and your institution with a readily available, individual copy of essential information concerning the anesthesia program. First, let me thank you for your participation in the education of our graduate nurse anesthesia students. With your help, we train Army CRNAs and deploy them to areas of conflict and crisis around the world to care for civilians and the brave young men and women of our armed forces.

Darnall Army Community Hospital (DACH) is a Phase II training site for the US Army Graduate Program In Anesthesia Nursing conducted jointly by the US Army Medical Department Center and School and the University of Texas Health Science Center at Houston. The program is a fully accredited 130-week course, which awards graduates the 66F MOS (military occupational specialty) and establishes their eligibility to sit for the National Certification Examination for Nurse Anesthetists.

After 51 weeks of classroom instruction at Fort Sam Houston, Texas, The students come to DACH to complete the clinical component of their program. Clinical rotations at Darnall are supplemented by clinical rotations to Scott & White, VAMC Temple, and Parkland Memorial Hospital in Dallas, TX.

The students are awarded a Master of Nursing Degree from the University of Texas Health Science Center at Houston after successful Completion of all academic requirements and submission of a research paper for publication with a peer reviewed journal.

If you have any questions about the program, please call me at 254-288-8705/8706. Thank you again for your help in the training of these future army CRNAs.

Daryl J. Magoulick BSN, MSN, CRNA
MAJ, AN
Program Director
USAGPAN, DACH
Fort Hood, TX 76544

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Learning Environment and Student Behavior

Education supports learning as a lifelong process. Graduate education is a dynamic process of interaction between teacher and learner. Student's benefit from the diverse and unique qualities provided by each instructor and institution.

It is our goal to provide students with the best possible environment for learning. Anesthesia education is difficult and at times stressful for the student and staff. It is the policy of the US Army that students are provided equal opportunity without regard to race, color, creed, gender, marital status, religion, age, or national origin.

Sexual Harassment is unacceptable conduct and undermines the learning process. Students must be allowed to practice, work and study in environments free of unwelcome sexual behavior.

Students have been briefed concerning their personal and professional behavior. Each Student is a professional officer in the US Army and their behavior is expected to be of the highest order. Any breeches of professional conduct should be reported to their Phase II Director immediately.

Student Responsibilities

The students' main objective is to become a competent clinician for the safe practice of anesthesia nursing. Students have the responsibility to be available at the appropriate time, properly attired, prepared for the day's opportunities and with an attitude amenable for learning. Within this broad statement is included such items as documentation of immunization, credentials, certifications and other items determined by the Phase II Director and /or clinical coordinator. If at any time staff/faculty feels that a student is not meeting his or her responsibilities it should be reported to the Phase II Director.

Communication Roster

MAJ Daryl J. Magoulick	Phase II Director	254.288.8705 254.288.8570
Mr. John Pare	A. Phase II Director	254.288.8705 254.288.8570
MR. Dale Douglass	Senior Clinical Instructor	254.288.8705 254.288.8570

At initial presentation, Students will provide to staff up to date phone numbers and pager numbers to allow clinical sites to notify students of changes and requirements. Students will need phone numbers to call clinical coordinators at each site.

Rotation Schedules

Rotation schedules will be coordinated with the clinical coordinators at each clinical site. Once agreed upon, schedules will be mailed or emailed to clinical coordinators. Please notify DACH faculty of any schedule changes as soon as possible.

Orientation to Clinical Site

Students will be oriented to each clinical site. Clinical orientation can be provided by (1) the clinical coordinator at the clinical site before student arrival or upon arrival of each student (2) the Phase II Director with information provided by the clinical coordinator (3) senior students familiar with the rotation. Suggested topics are (1) daily schedules (2) phone rosters (3) patient documentation (4) tour of facilities (5) notice of key staff.

Any requirements such as shot records, computer access or specific certifications should be indicated to the Phase II Director prior to the students' arrival.

Documentation of Student Experiences/Needs

The Phase II Director will provide written documentation of the students' clinical experience to the clinical coordinator at each rotation site. These are usually in memo format and list specific case types and the number of cases the student has completed. The Program Director will also indicate areas in which the student may need additional experience.

Students will usually have completed in excess of 275 cases prior to out rotation. Students that are on academic probation will not rotate to clinical sites.

US ARMY GRADUATE PROGRAM IN ANESTHESIA NURSING
GUIDELINES FOR CLINICAL EVALUATION (Feb 2004)

Clinical Evaluation Policies

Evaluation is an ongoing process based on the individual's progress toward the attainment of the clinical performance objectives. The role of the clinical instructor is to observe, measure, evaluate and provide feedback on the student's clinical performance. **The instructor utilizes the clinical evaluation tool to provide documented feedback on the students clinical performance based on predetermined performance guidelines.**

There are three levels of clinical performance objectives that list specific behaviors that must be achieved by the completion of Level I (Term I, II), Level II (Term III, IV), and Level III (Term V, VI). These clinical objectives must be met at each level in order for the student to progress to the next clinical level.

There is one clinical evaluation tool used throughout all of Phase II. This tool is designated as the Student Clinical Evaluation Tool, consisting of five categories assessing the performance of the student during the case(s) being evaluated. The categories are:

NA = Not Applicable
ME = Meets Expectations
EE = Exceeds Expectations
NI = Needs Improvement
FE = Fails to Meet Expectations

NI, or FE in any area requires written comments from the faculty.

Clinical evaluations are completed daily in Terms I and II. Frequency of evaluations decrease as student progress during the program but faculty can prepare an evaluation for students for any particular case that demonstrates poor or exceptionally good performance.

Staff and faculty can access an excellent resource "Guidelines for Clinical Instruction and Supervision" at the US Army Graduate Program in Anesthesia Nursing Website **www.dns.amedd.army.mil/CRNA/Index.HTM .** As a clinical site coordinator, you should be familiar with these as well.

Beginning in 2004, Daily Clinical Evaluations will be completed in an on-line format. The objectives will be the same. Data will be entered on a PDA or PC. Students will provide each faculty with any necessary instruction. Enter codes will be provided by the Phase II Director. Paper evaluations can be completed if an on-line source is not available.

By the time the student starts their rotation at your facility they will be in Clinical Level II. Later on, if they return to your facility, they may be in Clinical Level III. The following are Clinical Performance Objectives for Clinical Levels II & III.

US ARMY GRADUATE PROGRAM IN ANESTHESIA NURSING
Level Two Clinical Performance Objectives
(Terms III AND IV)(FEB2001))

		Course Outcome Objectives Supported
I.	**Pre-anesthesia Assessment**	
A.	Assesses the patient's physical status, does a thorough chart review, and identifies areas of concern related to anesthesia. Identifies and utilizes information from arterial blood gases, pulmonary function tests, cardiac function tests to establish patient physical condition.	1a.
B.	Conducts an interview and performs a pre-anesthesia physical exam that obtains necessary information regarding relevant medical and family history and psychosocial condition. Identifies need for additional lab studies and consults.	1a.
C.	Correlates information obtained with the patient's physical status and confers with clinical instructor, surgical team, or family as indicated.	1a., 1c.
D.	Performs psychological assessment of patient, collaborates with pt on anesthetic care plan and obtains informed consent	1a., 2b.
E.	Utilize information in I.A and I.B to record a thorough, accurate preanesthetic evaluation. Identifies pertinent abnormal findings relevant to anesthetic management.	1b., 3.
II.	**Anesthesia Plan**	
A.	Correctly prioritizes all anesthetic problems. Places emphasis on the important anesthetic implications for each problem. Lists specific anesthetic interventions for each implication that is individualized for each patient.	1., 1a., 1c. 1e 2a., 2b., 7.
B.	Utilizes specific anesthetic interventions to prepare a written anesthesia technique that shows patient specific goals to address reevaluation concerns, pre-medication, fluid management, monitoring requirements, airway management, induction and maintenance, (and/or regional anesthetic technique), and post-op pain management.	1., 2., 2a., 2i. 3.
C.	Lists potential complications associated with each surgical procedure, medical problem, and anesthetic technique.	1., 1c., 1d.
D.	Presents a succinct, organized, and logical report. Choice of anesthetic technique is sound and patient specific. Remains open and flexible to try new techniques.	1d., 3.
III.	**Anesthetic Preparation**	

A.	Independently assembles routine and special equipment/drugs to manage the anesthetic procedure, organizes cart and equipment for use. Identifies need for special equipment and monitoring.	2c.
B.	Performs machine and equipment check per protocol and ensures proper functioning. Reports all deficits to the instructor.	2c.
C.	Is knowledgeable and prepared to treat all life-threatening potential complications associated with a particular surgical procedure or medical disease.	2c.
D.	Conducts complete chart review prior to case, assesses patient's physiological and psychological status then prepares patient for surgery through appropriate physiologic/psychologic interventions. Performs all activities with minimal assistance.	1e., 2c., 2e.
E.	Performs intravenous line placement at 80% success rate. Gathers all equipment and supplies, fully sets-up, and is able to place invasive lines on patients with uncomplicated anatomy given minimal hands-on guidance.	2e.

IV. Induction

A.	Induces patient according to process identified in anesthesia plan, in a smooth, organized and safe manner. Recognizes problems specific to the pediatric, obstetric, and elderly patient.	2., 2a.
B.	Interprets data from patient and monitors. Recognizes and responds to problems appropriately. Recognizes relative priorities of various aspects of induction, and requests appropriate help.	2i., 3.
C.	Demonstrates proficiency in airway management for patients of various ages and medical conditions.	2g., 2h.
D.	Successfully intubates both orally and nasally with a smooth, atraumatic technique on routine cases. Applies theoretical knowledge of indications for various types of endotracheal intubating technique to clinical situations.	2f.
E.	Demonstrates knowledge and skill in positioning patients including checking for pressure points, peripheral pulses, nerve injury, malpositioning of joints, protection of eyes and physiologic consequences of positioning.	2h.

V. Intraoperative Management

A.	Skillfully monitors the patient during the administration of anesthesia and assesses patient by means of non-invasive and invasive monitors. Correctly interprets data to maintain adequate anesthetic depth and physiological/ psychological stability. Correlates data to depth of anesthesia, surgical procedure, effects of anesthetic agents and principles of physiology and pathophysiology. Recognizes adverse responses. Responds quickly and appropriately. Observes surgical procedure.	2a., 2c., 2i.
B.	Demonstrates a working knowledge and appropriate use of various anesthetic agents. This includes inhalation agents, narcotics, muscle relaxants, and local	1., 2., 3.

anesthetics. Determines when adjunct drug therapy such as antiarrhythmics, antihypertensives, deliberate hypotensive agents are indicated. Chooses drugs based on theoretical knowledge and understanding of drug interactions.

C.	Utilizes a written fluid management plan based on calculated fluid requirements for the surgical procedure. Guided by urine output, blood/fluid losses, patient hydration/electrolyte status and hemodynamic monitoring choose an appropriate type and amount of fluid for replacement therapy.	2k.
D.	Demonstrates an understanding of charting principles by accurate and complete documentation on the anesthesia record. Charting is caught up within 30 minutes of induction for routine elective procedures and completed with in 10 minutes of arrival in post anesthetic care unit.	2m.
E.	Recognizes problems during intraoperative management. Consults with instructor, makes appropriate adjustments, provides for safety of patient, self and staff. Recognizes and corrects/reports hazards. Maintains standard precautions as well as principles of asepsis.	2a., 2d., 3.

VI. Emergence

A.	Follows routine steps of emergence utilizing appropriate sequence and timing to correspond to completion of surgery. Removes and stores monitors in an organized manner.	2a.
B.	Knows the indications and doses for reversal drugs. Administers at appropriate time.	2r.
C.	Titrates anesthetic to obtain necessary extubation criteria without delaying emergence. Determination that patient is ready for extubation is consistent with instructor's assessment.	1., 2.
D.	Constantly monitors patient after emergence and is observing for potential respiratory distress, nausea, vomiting, and patient injury.	2a.

VII. Post-Anesthesia Management

A.	Provides constant vigilance during the transfer and transport of the patient to the PACU. Monitors for signs and symptoms of respiratory distress, nausea, vomiting, pain, and other common postoperative problems.	2o.
B.	Demonstrates the ability to give a thorough verbal report to the PACU staff. Serves as a resource person for postoperative pain, cardio-respiratory issues, and other common post-operative problems. Documents a complete transfer note.	2n., 2p., 3.
C.	Evaluates the post-op condition of the patient and discusses patient status with instructor. Recommends post-operative orders as needed.	2r., 2m.
D.	Completes post-op visits on all in-patients. Makes note on the chart regarding the postoperative course. Places emphasis on complications or lack of and pain management efficacy. Takes corrective action to treat side effects and manage postoperative complications. Communicates this to instructor.	2c.

VIII. Professional Role

A.	Demonstrates an ability to maintain effective communication and professional interpersonal relationships with patients, family members, physicians, OR team, instructors, and peers.	3., 8.
B.	Shows cooperation and acceptance of instruction. Recognizes knowledge deficit, technical difficulties, judgment errors, and misinterpretation of information. Proposes corrective action.	3., 8.
C.	Recognizes personal limitations, develops plans for improving performance, clarifies knowledge base with appropriate questions, and independently seeks varied learning experiences to expand anesthesia expertise.	3., 8.
D.	Remains calm under stressful situations. Considers all likely courses of action to solving problems. Remains flexible to changes in plan and adapts when routine procedures are altered.	2a., 9.
E.	Recognizes when an anesthetic problem occurs and quickly utilizes an appropriate and thorough differential diagnosis to determine the likely cause. Considers all the appropriate interventions and supports with accurate rationale for alleviating the problem.	8., 9.

IX. Specialty Area

Regional Anesthesia

1. Describes appropriate dose and concentration of local anesthetics.
2. Identifies indications/contraindication for proposed regional techniques.
3. Properly positions patient for the proposed regional technique and identifies appropriate landmarks.
4. Uses proper sterile/aseptic technique.
5. Demonstrates with assistance the proper motor skills performing a regional anesthetic technique.
6. Responds appropriately to paresthesias or obtaining blood in needle.
7. Identifies sensory/motor loss following administration of block.
8. Describes signs/symptoms of local anesthetic toxicity.
9. Describes potential complications of selected regional technique.
10. Differentiates between hypo/iso/hyperbaric spinal solution.
11. Identifies dermatome blockade level required for given surgical procedure.
12. Describes cardiopulmonary effects of neuraxial anesthesia and analgesia.
13. Discusses proper test dose procedure for epidural anesthesia.
14. Discuss proper redosing procedure for continuous neuraxial anesthesia (spinal/epidural).
15. Demonstrates proper technique for removal of catheters for continuous neuraxial blockade.
16. Discuss actions to be taken after getting a wet tap during the placement of an epidural.

Pediatric anesthesia

1. Describes appropriate plan for fluid management of pediatric patient including preoperative NPO guidelines.
2. Demonstrates proper methods of drug dosage calculations.
3. Uses appropriate techniques and equipment for preventing/treating hypothermia and hyperthermia.
4. Performs an appropriate induction.
5. Performs appropriate airway management.
6. Uses appropriate methods for blood loss estimation and replacement.
7. Describes anatomical/physiologic differences of pediatric patients from adults.
8. Accurately calculates pediatric dosages for anesthetics and emergency medications.

Neurosurgical anesthesia

1. Verbalizes understanding of concepts of cerebral blood flow (CBF) regulation, intracranial pressure (ICP) pharmacological effects of various agents, ventilation, positioning and deliberate hypotension on CBF and ICP.
2. Describes various monitoring modalities of neurologic function used in the anesthetic management of a neurosurgerical patient.
3. Describes intraoperative positioning and anesthetic management of selected neurosurgical procedures including intracranial masses, vascular lesions, intracranial hemorrhage, head trauma, spinal surgery.
4. Describes appropriate perioperative fluid management of selected neurosurgical procedures.

Vascular Anesthesia 1., 2., 3.

1. Describes monitoring requirement and anesthetic considerations for management of selected vascular procedures to include carotid endarterectomy, aortic and peripheral vascular bypass grafting.
2. Discuss hemodynamic monitoring and management of the vascular patient to include fluid management and vasoactive infusions.
3. Describe considerations for use of anticoagulants and their reversal.
4. Describe techniques for management of vascular surgery patients to include general and regional anesthesia.
5. Describe the proper techniques for blood product infusions, use of the cell save, and use of level one.

Thoracic anesthesia 1., 2a., 2d., 2 2l.

1. Discusses implications of PFT/ABG data.
2. Identifies respiratory complications of thoracic surgery patients including anesthetic complications.
3. Performs double-lumen (or bronchial blocker) endobronchial intubation, including tube selection, placement, and assessment of proper placement

with or without the use of the fiberoptic scope.

4. Describes management of one-lung ventilation including management of complications. Describe and implement CPAP and/or PEEP
5. Describes post-operative management of thoracic surgery patients including thoracic epidurals.

Obstetric Anesthesia 1., 1e., 2., 2a 2c., 2l., 3., 5.

1. Participate as an obstetric care team member by checking the anesthesia equipment at the start of the shift, communicating, collaborating, and coordinating appropriately with the anesthesia, obstetric and OB nursing staff in the provision of anesthesia care to parturients.
2. Describe both the normal physiologic changes accompanying pregnancy, and the various pathophysiologic conditions occurring with pregnancy, including preeclampsia-eclampsia, abruptio placentae, and placenta previa.
3. Describe the indications, contraindications, complications, procedures, and the dosages for regional analgesia for labor pain, as well as alternative analgesia for labor.
4. Discuss the pharmacological effects of anesthetic drugs on the fetus and the progression of labor.
5. Describe the indications, actions, dosages, and adverse reactions of the various drugs used in the treatment of the parturient, to include tocolytic agents, steroids, magnesium sulfate, antihypertensives, oxytocin, prostaglandins, and other agents.
6. Demonstrate ability to plan for and implement as necessary, regional and/or general anesthesia for both elective and emergent Cesarean deliveries. Identify possible complications of the various techniques and their treatments.
7. Describe fetal monitoring techniques, including interpretation of the data and indications for fetal distress. Demonstrate the ability to determine the Apgar score of the neonate.
8. Demonstrate ability to plan for and implement as necessary resuscitative measures for infants with meconium aspiration or other neonatal emergencies, including airway management, ventilation, volume replacement, and pharmacological support.
9. Describe considerations for the anesthetic management of a non-obstetric surgery on a pregnant patient.

US ARMY GRADUATE PROGRAM IN ANESTHESIA NURSING
Level Three Clinical Performance Objectives
(Terms V AND VI)(FEB2001))

		Course Outcome Objectives Supported
I.	**Pre-anesthesia Assessment**	
A.	Assesses the patient's physical status, does a thorough chart review, and identifies areas of concern related to anesthesia. Identifies and utilizes information from arterial blood gases, pulmonary function tests, cardiac function tests to determine the patient's physical condition.	1a.
B.	Conducts a thorough health history and physical exam, identifies pertinent abnormalities, and reassesses the need for additional specialty evaluation, including cardiology, pulmonary, medical, or other consultation.	1a.
C.	Correlates information obtained with the patient's physical status and confers with clinical instructor, surgical team, or family as indicated.	1a., 1c.
D.	Performs psychological assessment of patient, collaborates with pt on anesthetic care plan and obtains informed consent	1a., 2b.
E.	Based on information received in I.A and I.B records a complete preanesthetic evaluation that identifies pertinent abnormalities relevant to anesthetic management. Provides appropriate preoperative orders to insure patient is prepared for anesthetic. Has orders co-signed as necessary for institution.	1b., 3.
II.	**Anesthesia Plan**	
A.	For ASA I and II category patients undergoing routine surgical procedures, for routine emergency cases (i.e fractured bones requiring ORIF, appendectomy, ectopic pregnancy, etc.) and for obstetrical procedures state an accurate prioritized problem list with their important anesthetic implications and individualized anesthetic interventions addressing each implication. For ASA III and greater patients undergoing elective major surgical procedures develop a comprehensive written anesthetic problem list, implications and patient specific interventions.	1., 1c. 1e.
B.	For ASA I and II category patients state (for ASA III and greater elective procedure write) an anesthesia technique that is individualized for each patient addressing reevaluation concerns, pre-medication, fluid management, monitoring requirements, airway management, induction and maintenance, (and/or regional anesthetic technique), and post-op pain management.	1., 2., 2a., 2 3.
C.	Is knowledgeable regarding the treatment of all common or rare potential complications associated with each surgical procedure, medical problem, and anesthetic technique.	1., 1c., 1d.
D.	Presents a succinct, organized, and logical report. Chooses an anesthetic technique	1d., 3.

that is sound and patient specific. Seeks opportunities to try new techniques.

III. Anesthetic Preparation

A.	Assembles and prepares all routine and specialized equipment and drugs necessary to manage all anesthetic procedures.	2c.
B.	Performs machine/equipment checks on all equipment to be used and ensures proper functioning.	2c.
C.	Is fully knowledgeable and capable of managing any difficult airway, ACLS protocol, and/or anesthetic related complication.	2c.
D.	Conducts complete chart review prior to case, assesses patient's physiological and psychological status, and prepares patient for surgery through appropriate physiologic/psychologic interventions. Seeks assistance on complicated cases.	1e., 2c., 2e
E.	Performs intravenous line placement at 90% success rate. Gathers and prepares all needed supplies. Places invasive lines on patients with uncomplicated anatomy with only verbal guidance.	2e.

IV. Induction

A.	Performs an induction on patients of all ages/physical conditions, in a smooth, organized and safe manner according to identified anesthesia plan.	2., 2a.
B.	Uses critical thinking to interpret data from patient, monitors, and alarms and responds appropriately. Bases decisions on individual patient need.	2i., 3.
C.	Demonstrates proficiency in airway management skills for patients of all ages and medical conditions.	2g., 2h.
D.	Demonstrates proficiency with oral/nasal intubation using a variety of intubation techniques. Performs regional blocks, sedation, and awake intubations for patients with difficult airways.	2f.
E.	Demonstrates knowledge and skill in positioning patients including checking for pressure points, peripheral pulses, nerve injury, malpositioning of joints, protection of eyes and physiologic consequences of positioning.	2h.

V. Intraoperative Management

A.	Monitors the patient during the administration of all anesthetics, correlating all monitoring parameters (including PA catheter) to the physiologic and anesthetic management of routine cases, cardiovascular, neurosurgical, pediatric, thoracic, emergency and ASA IV and V.	2a., 2c., 2i.
B.	Demonstrates a working knowledge of intra-anesthetic management, utilizing all agents and techniques, recognizes a variety of anesthesia problems and institutes appropriate treatment with minimal coaching.	1., 2., 3.
C.	Demonstrates proficiency in fluid calculations, monitoring intravascular volume	2k.

status, and replacement for patients of all ages and medical conditions.

D.	Demonstrates ability to timely maintain accurate, complete, legible documentation on anesthesia records throughout induction, maintenance, anesthetic procedures, and emergence.	2m.
E.	Recognizes problems during intraoperative management and consults with instructor. Makes appropriate adjustments, provides for safety of patient, self and staff. Recognizes and corrects/reports hazards. Maintains standard precautions and principles of asepsis.	2a., 2d. 3.

VI. Emergence

A.	Manages the timing of emergence to correspond with the end of surgery for all routine patients without assistance. Removes and stores monitors in an organized manner without delaying the transport of patient to PACU.	2a.
B.	Recognizes need for reversal and administers appropriate reversal agent/dosage/timing with minimal assistance.	2r.
C.	The timing of obtaining extubation criteria is accomplished without assistance. Extubation performed utilizing a smooth safe technique.	1., 2.
D.	Constantly monitors patient and intervenes immediately to correct respiratory distress, treat nausea/vomiting, and prevent patient injury.	2a.

VII. Post-Anesthesia Management

A.	Maintains constant vigilance of the patient for post-operative complications, directs the operating room staff during the transfer of the patient to the litter and transport to PACU. Immediately implements corrective measures when a post-operative complication arises.	2o.
B.	Provides an accurate and complete patient report with directions to the PACU staff. Documents a complete post-anesthetic note.	2n., 2p., 3.
C.	Evaluates the post-op condition of the patient and discusses patient status with instructor. Confirms that postoperative orders covers treatment for nausea/vomiting, pain and other common problems.	2r., 2m.
D.	Completes post-op visits on all in-patients. Makes note on the chart regarding the postoperative course. Places emphasis on complications or lack of and pain management efficacy. Takes corrective action to treat side effects and manage post-operative complications. Communicates this to instructor.	2c.

VIII. Professional Role

A.	Demonstrates an ability to maintain effective communication and professional interpersonal relationships with patients, family members, physicians, OR team, instructors, and peers.	3., 8.
B.	Shows cooperation and acceptance of instruction, understands anesthetist's role	3., 8.

within the anesthesia service, surgical team and hospital staff. Recognizes knowledge deficit, technical difficulties, judgment errors, and misinterpretation of information. Proposes corrective action.

C. Recognizes personal limitations and capabilities. Seeks assistance appropriately and continuously updates practice through independent study, research and attendance at professional meetings/conferences/lectures. 3., 8.

D. Works effectively under stressful situations and makes appropriate decisions quickly based on sound anesthesia judgments. Recognizes need for change in routine or anesthetic plan when the present course of action is ineffective. 2a., 9.

E. Utilizes an accurate differential diagnosis to determine the likely cause of a particular problem. Considers all the appropriate interventions, makes a prudent choice, and supports it with a sound rationale. Implements the chosen intervention correctly and in a timely manner for the situation. 7., 8., 9.

IX. Specialty Area

Regional Anesthesia 1., 2., 3.

1. Describes appropriate dose and concentration of local anesthetics.
2. Identifies indications/contraindication for proposed regional techniques.
3. Properly positions patient for the proposed regional technique and identifies appropriate landmarks.
4. Uses proper sterile/aseptic technique.
5. Demonstrates with assistance the proper motor skills performing a regional anesthetic technique.
6. Responds appropriately to paresthesias or obtaining blood in needle.
7. Identifies sensory/motor loss following administration of block.
8. Describes signs/symptoms of local anesthetic toxicity.
9. Describes potential complications of selected regional technique.
10. Differentiates between hypo/iso/hyperbaric spinal solution.
11. Identifies dermatome blockade level required for given surgical procedure.
12. Describes cardiopulmonary effects of neuraxial anesthesia and analgesia.
13. Discusses proper test dose procedure for epidural anesthesia.
14. Discuss proper redosing procedure for continuous neuraxial anesthesia (spinal/epidural).
17. Demonstrates proper technique for removal of catheters for continuous neuraxial blockade.
18. Discuss actions to be taken after getting a wet tap during the placement of an epidural.

Pediatric anesthesia 1., 2., 3.

1. Describes appropriate plan for fluid management of pediatric patient including preoperative NPO guidelines.
2. Demonstrates proper methods of drug dosage calculations.
3. Uses appropriate techniques and equipment for preventing/treating hypothermia and hyperthermia.

4. Performs an appropriate induction.
5. Performs appropriate airway management.
6. Uses appropriate methods for blood loss estimation and replacement.
9. Describes anatomical/physiologic differences of pediatric patients from adults.
10. Accurately calculates pediatric dosages for anesthetics and emergency medications.

Neurosurgical anesthesia 1., 2., 3.

1. Verbalizes understanding of concepts of cerebral blood flow (CBF) regulation, intracranial pressure (ICP) pharmacological effects of various agents, ventilation, positioning and deliberate hypotension on CBF and ICP.
2. Describes various monitoring modalities of neurologic function used in the anesthetic management of a neurosurgerical patient.
3. Describes intraoperative positioning and anesthetic management of selected neurosurgical procedures including intracranial masses, vascular lesions, intracranial hemorrhage, head trauma, spinal surgery.
4. Describes appropriate perioperative fluid management of selected neurosurgical procedures.

Vascular Anesthesia 1., 2., 3.

1. Describes monitoring requirement and anesthetic considerations for management of selected vascular procedures to include carotid endarterectomy, aortic and peripheral vascular bypass grafting.
2. Discuss hemodynamic monitoring and management of the vascular patient to include fluid management and vasoactive infusions.
3. Describe considerations for use of anticoagulants and their reversal.
6. Describe techniques for management of vascular surgery patients to include general and regional anesthesia.
7. Describe the proper techniques for blood product infusions, use of the cell save, and use of level one.

Thoracic anesthesia 1., 2a. 2d.,2 2l.

1. Discusses implications of PFT/ABG data.
2. Identifies respiratory complications of thoracic surgery patients including anesthetic complications.
3. Performs double-lumen (or bronchial blocker) endobronchial intubation, including tube selection, placement, and assessment of proper placement with or without the use of the fiberoptic scope.
4. Describes management of one-lung ventilation including management of complications. Describe and implement CPAP and/or PEEP
5. Describes post-operative management of thoracic surgery patients including thoracic epidurals.

1., 1e., 2., 2

Obstetric Anesthesia 2c., 2l., 3., 5

1. Participate as an obstetric care team member by checking the anesthesia equipment at the start of the shift, communicating, collaborating, and coordinating appropriately with the anesthesia, obstetric and OB nursing staff in the provision of anesthesia care to parturients.
2. Describe both the normal physiologic changes accompanying pregnancy, and the various pathophysiologic conditions occurring with pregnancy, including preeclampsia-eclampsia, abruptio placentae, and placenta previa.
3. Describe the indications, contraindications, complications, procedures, and the dosages for regional analgesia for labor pain, as well as alternative analgesia for labor.
4. Discuss the pharmacological effects of anesthetic drugs on the fetus and the progression of labor.
5. Describe the indications, actions, dosages, and adverse reactions of the various drugs used in the treatment of the parturient, to include tocolytic agents, steroids, magnesium sulfate, antihypertensives, oxytocin, prostaglandins, and other agents.
6. Demonstrate ability to plan for and implement as necessary, regional and/or general anesthesia for both elective and emergent Cesarean deliveries. Identify possible complications of the various techniques and their treatments.
7. Describe fetal monitoring techniques, including interpretation of the data and indications for fetal distress. Demonstrate the ability to determine the Apgar score of the neonate.
8. Demonstrate ability to plan for and implement as necessary resuscitative measures for infants with meconium aspiration or other neonatal emergencies, including airway management, ventilation, volume replacement, and pharmacological support.
9. Describe considerations for the anesthetic management of a non-obstetric surgery on a pregnant patient.

The following page contains a clinical instructor self critique that DACH uses for the educational requirement of its own staff and program. Students will complete a clinical instructor critique similar to this one on their own towards the end of the program. You may want to be familiar with the content of the critique as it can help you gain valuable insight to yourself as an instructor.

CLINICAL INSTRUCTOR SELF CRITIQUE

Clinical Instructor:_____ Date:_____

Site:_____

*****ANY RATING OF 3 OR LESS MUST BE COMMENTED ON*****

INVOLVEMENT/RECEPTIVITY	Almost Never 1	Rarely 2	Some-times 3	Usually 4	Almost Always 5
1. Accepts students as important individuals					
2. Is available when appropriate					
3. Demonstrates confidence to the student					
4. Delves into problem situation with the student					
5. Invigorates and encourages student					
6. Explains new/difficult procedures					
7. Gives positive reinforcement					
8. Lets student explain his/her side of situation					
9. Involves student in decision making process					
10. Is supportive of student's needs					
PROFESSIONALISM					
1. Acts as positive role model					
2. Practices anesthesia within accepted standards					
3. Relates didactic knowledge to clinical practice					
TEACHING PRACTICES					
1. Demonstrates flexibility so learning can take place					
2. Explains for understanding					
3. Demonstrates new procedures					
4. Questions students appropriately					
5. Develops autonomy					
6. Informs student when giving medications, changing gas flows, etc.					